Form	990-T	E	empt Organization Bus and proxy tax und	urn	OMB No. 1	1545-068				
	ment of the Treasury  Il Revenue Service	For cale	, 20	201	J5					
A $\square$	Check box if address changed		Name of organization (	ne char	nged and see instruct	ions.)	(Employees'	D Employer identification num (Employees' trust, see instructions for E		
B EXE	empt under section 501( ) ( )	Print or	Number, street, and room or suite no. (If a P	P.O. bo	x, see page 7 of instr	ructions.)	on page 7.)	!		
	408(e)	Туре	City or town, state, and ZIP code		E New unrelated bus. activity code (See instructions for Block E on page 7.					
		<b>F</b> Grou	p exemption number (See instruction	ons fo	or Block F on pa	ge 7.) ▶				
	end of year	<b>G</b> Che	ck organization type ► ☐ 501(c) c	corpoi		c) trust	401(a) trus	st 🗌 Oth	er trust	
			s primary unrelated business activity							
			corporation a subsidiary in an affiliated guidentifying number of the parent corpora			ary controlled	group? .	► ∐ Yes	∐ No	
	he books are in			ation.		phone numb	er 🕨 (	1		
Par			e or Business Income		(A) Income		penses	(C) Ne	t	
1a	Gross receipts				,			(4)		
b	Less returns and			1c						
2			edule A, line 7)	2						
3	•	•	e 2 from line 1c	3						
4a	Capital gain net	income	(attach Schedule D)	4a						
b	Net gain (loss) (F	orm 479	7, Part II, line 17) (attach Form 4797)	4b						
С			or trusts	4c						
5			os and S corporations (attach statement) .	5						
6			0)	7						
7			income (Schedule E)							
8			alties, and rents from controlled F)	8						
9			a section $501(c)(7)$ , $(9)$ , or $(17)$ G)	9						
10	Exploited exem	pt activity	income (Schedule I)	10						
11			edule J)	11						
12 13			of the instructions—attach schedule.) hrough 12	12						
	t II Deducti	ons Not	Taken Elsewhere (See page 9 of	the	instructions for	limitations o	n deductio	ns.)		
	· · ·		ibutions, deductions must be dire					income.)		
14	•		s, directors, and trustees (Schedule	,						
15 16										
17			·							
18			· · · · · · · · · · · · · · · · · · ·							
19										
20			(See page 11 of the instructions for							
21	Depreciation (at	tach Forr	n 4562)		21					
22	Less depreciation	on claime	d on Schedule A and elsewhere on	retur	n <b>22a</b>		22b			
23										
24			d compensation plans				1 1		+	
25			ms				25		+	
26	Excess exempt	expenses	s (Schedule I)				∠0		1	

34 Form **990-T** (2005)

28

32

32, enter the smaller of zero or line 32.

Excess readership costs (Schedule J) . . . . . . . . . . . .

Total deductions. Add lines 14 through 28 . . . . . . . . . . . . . . . .

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30) . . . . . . . . . . . . . . . . . .

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. . . .

27

28

29

30

31

32 33

34

Par	t III	Tax Computation										
35	Organi											
	Control											
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
	(1) \\$ (2) \\$ (3) \\$											
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  (2) Additional 3% tax (not more than \$100,000)											
С	Income tax on the amount on line 34											
36	Income tax on the amount on line 34											
		ount on line 34 from:							36			
37	Proxy	tax. See page 14 of the ins	structions .					•	37			
38									38			
39 Par	t IV	Add lines 37 and 38 to line  Tax and Payments	: 350 Or 36, W	michever a	pplies	·		<u></u>	39			
40a		tax credit (corporations atta	oh Earm 1110	· tructo otto	oh E	orm 1116)	40a					
40a b	_	redits (See page 14 of the					40b		-			
		business credit—Check he										
	Form	n 3800	) <b>&gt;</b>				40c					
d	Credit 1	for prior year minimum tax	(attach Form	8801 or 88	327) .		40d					
е		credits. Add lines 40a throu	ugh 40d						40e			
41		ot line 40e from line 39 .							41			
42		es. Check if from: Form 425					∪ther (attage)	ich schedule) .	42			
43 44a		ax. Add lines 41 and 42 .					44a		70			
b	Payments: A 2004 overpayment credited to 2005											
C							44c					
d	Tax deposited with Form 8868											
е	Backup	withholding (see instruction					44e		_			
f			☐ Form 243				445					
45		n 4136					44f		45			
45 46	Fetimat	payments. Add lines 44a thated tax penalty (See page	irougn 441 . 1 of the inetri	 uctions ) Ch		if Form	 2220 is :		46			
47		<b>let</b> lax penalty (See page 4)		,				allacheu .	47			
48		ayment. If line 45 is larger			,			paid .	48			
49		amount of line 48 you want:						Refunded >	49			
Par		Statements Regarding					,			<u> </u>	.,	
1		ime during the 2005 calenda								ity Over –	Yes	No
		ial account in a foreign cour										
		" the organization may ha		n ID F 90	-22.1.	. It "Yes," en	ter the na	me of the for	eign co	ountry		
2		he tax year, did the organizati		stribution fro	m. or	was it the grai	ntor of, or	ransferor to. a	foreian	trust?		
	If "Yes,	" see page 5 of the instruc	tions for othe	r forms the	orga	anization may	have to f	ile.	3			
3		ne amount of tax-exempt in										
		A—Cost of Goods Sold		od ot inve	T				6			
1		ry at beginning of year.	2		1	Inventory at	-		6			
2 3		ses	3		7	Cost of goo		Subtract line here and in				
		nal section 263A costs	-		1	Part I, line 2			7			
Tu		schedule)	4a		8	Do the rules	s of sect	ion 263A (wi	th resp	pect to	Yes	No
b	Other costs (attach schedule). 4b property produced or acqui											
5		Add lines 1 through 4b.	5					<u></u>				
Sig		r penalties of perjury, I declare that I hact, and complete. Declaration of prepa							of my know	viedge and b	eliet, it	is true,
May the IRS discu												
01		ature of officer	Date			Title			the preparer shown instructions)?			
Paid		Preparer's				Date			Prepa	rer's SSN or	PTIN	
	arer's	signature						self-employed				
Use		Firm's name (or yours if self-employed), —						EIN				
	<b>-</b> ,	address, and ZIP code		Phone no.	(	)						

Schedule C—Rent Incor (See instructions on page	-	al Pro	perty	and Persor	nal P	rope	rty L	eased With Rea	al Pr	operty)	
1 Description of property											
(1)											
(2)											
(3)											
(4)	2 Rent receive	ed or ac	crued								
(a) From personal property (if the property for personal property is more than 50%)	al and personal property (if the rent for personal property exceeds rent is based on profit or income)				3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)						
(1)											
(2)											
(3)											
(4)											
Total		Total						Tarata da da da da		.1	
<b>Total income.</b> Add totals of co here and on page 1, Part I, line								Total deduction here and on page line 6, column (B)	1, Pa	rt Î,	
Schedule E—Unrelated	Debt-Finance	ed Inc	ome (	See instructi	ons o	n pag	je 17.	)			
				2 Gross inco	me fror	n or	3			ted with or allocable to	
1 Description of del	bt-financed property	У		allocable to de		nced	(a) S	debt-finance		(b) Other deductions	
(1)								(attach schedule)	+	(attach schedule)	
(1)											
(2)											
(3)			_								
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			6 Column 4 divided by column 5			7 Gross income reportable (column 2 × column 6)			8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)	,					%					
(2)									+		
•		% %									
(3)											
(4)						%			_		
Totals	uctions included	 in colu	mn 8 .	ents From	 Cont	rolle	Part	here and on page 7, line 7, column (A).	Pa	ter here and on page 1, art I, line 7, column (B).	
Schedule I—Interest, Al	Titulities, noya							gariizations (See	5 11151	ructions on page 16.)	
1 Name of Controlled	2 Employer			Controlled Organ		al of specified		5 Part of column (4) that			
Organization	Identification Num	ber		related income e instructions)		payments ma		included in the controlling organization's gross inco		lling connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations									1	
7 Taxable Income	9 Not uprolated income			9 Total of specified inc			D Part of column (9) that is ncluded in the controlling ganization's gross income			11 Deductions directly connected with income in column (10)	
(4)						<u> </u>		-		. ,	
(1)											
(2)											
(3)											
(4)											
Totals						here		ns 5 and 10. Enter n page 1, Part I, nn (A).	here	d columns 6 and 11. Enter e and on page 1, Part I, 8, column (B).	

Schedule G—Investment In (See instructions on page 19.)		ion 50	)1(c)(7),	(9), or (17) Or	gar	nization			
1 Description of income	2 Amount of inco	ome	dire	Deductions ctly connected ach schedule)		4 Set-asides (attach schedu		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)			(**	,					,
(2)									
(3)									
(4)									
	Enter here and on Part I, line 9, colun								re and on page 1, e 9, column (B).
Totals									
Schedule I—Exploited Exer (See instructions on page 19.)		ome, (	Other Ti	han Advertisir	ng I	ncome			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dii conne produ unr	penses rectly cted with action of elated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fro	not uprolated attril		penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 26.
Schedule J—Advertising In	oomo (Coo inatri	otiono	on nogo	10.\					
Part I Income From Pe					ie				
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5)) .									
Part II Income From Percolumns 2 through				parate Basis	(Fo	r each peri	odical	listed in	n Part II, fill in
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K—Compensatio		irecto	rs, and	Trustees (See	ins	ructions on r	page 20	0.)	1
1 Name			,	2 Title		3 Percent of time devoted to business	4.0	Compensati	on attributable to
						9/	6		
						9			
						9			
						9			
Total Enter here and an page 1 D	ort II lino 14					7			